

**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret Donnelly
Director



Jeremiah W.
(Jay) Nixon,
Governor

ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK
SECURE PORTAL ACCESS REQUEST

DATE ACCESS IS NEEDED		DURATION ACCESS IS NEEDED		SOCIAL SECURITY NUMBER	
FIRST NAME		MI	LAST NAME		SUFFIX
CREDENTIALS (E.G.: RN, PHD, DVM)			POSITION TITLE		
ORGANIZATION					
ORGANIZATION'S INTERNET URL					
ADDRESS					
CITY				STATE	ZIP CODE
TELEPHONE NUMBER		FAX NUMBER		EMAIL ADDRESS	
IS THIS REQUEST FOR ACCESS TO THE MISSOURI EPHTN SECURE PORTAL SPECIFIC TO A PROPOSED PROJECT AND/OR STUDY? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, HAS THE PROPOSED PROJECT AND/OR STUDY BEEN REVIEWED BY THE MISSOURI DHSS INSTITUTIONAL REVIEW BOARD (IRB)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZED ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.					
SIGNATURE					DATE

Upon completion, submit to the Bureau of Environmental Epidemiology.

SUBMISSION TO THE DEPARTMENT OF HEALTH AND SENIOR SERVICES CAN BE MADE,

BY POSTAL MAIL TO: DHSS/BEE/EPHTN ATTN: Secure Access Request P.O. Box 570 Jefferson City, MO 65109-0570	BY EMAIL TO: EPHTN@dhss.mo.gov (In lieu of signature, this form must be submitted from requestor's email account listed above.)	BY FAX TO: (573) 526-6946
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www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.